



Planning & Development  
Department  
**SPECIAL USE PERMIT APPLICATION**



**APPLICATION MUST BE COMPLETED IN FULL**

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE

**REQUEST:**

SUP or Major Amendment: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Description of Request: \_\_\_\_\_  
Existing Use of Property: \_\_\_\_\_  
Existing Zoning District: \_\_\_\_\_  
Requested Zone: \_\_\_\_\_  
Related Case Number: \_\_\_\_\_

**PROPERTY INFORMATION:**

Address (if known): \_\_\_\_\_  
General Location (include nearest city/town): \_\_\_\_\_  
  
Size in Acres: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
Legal Description: Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Assessor's Parcel Number: \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY:**

Case #:	Zoning Map #:	Supervisory District:
Date of Submittal:	Accepted By:	
Fees:		